# L19000 0al 778

| (Requestor's Name)                      |
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|   |
| PICK-UP WAIT MAIL                       |
|   |
| (Business Entity Name)                  |
| , , , , ,                               |
| (Document Number)                       |
| (========,                              |
| Certified Copies Certificates of Status |
| Sertifica depies                        |
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| Special Instructions to Filing Officer: |
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Office Use Only



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2019 AUG -5 AM 8: 41

C. GOLDEN AUG 1 0 2019

# **COVER LETTER**

| Division of Corpo            |  |   |   |
|------------------------------|--|---|---|
| SUBJECT:                     |  | MIBO LLC ited Liability Company                                     | ·   |
|                              | Manue of Chil                                | ned Liability Company   |   |
|                              |  |   |   |
| The enclosed Articles of Ar  | nendment and fee(s) are sub-                 | mitted for filing.  |   |
| Please return all correspond | ence concerning this matter                  | to the following:   |   |
|                              | Mo:  | Ses Mutoz Name of Person  |   |
|                              |  | Name of Person  |   |
|                              | X+   | elwibo 2LC.   |   |
|                              |  | Firm/Company  |   |
|                              | 4474 We                                      | ston Road Address   |   |
|                              |  | Address   | <del> </del>  |
|                              | (Davie)<br>Waston                            | City/State and Zip Code   |   |
|                              |  | City/State and Zip Code   | <u></u>   |
|                              | Milsito                                      | udka hotmail. (   | locus   |
|                              | E-mail address; (t                           | to be used for future annual report notif                           | ication)  |
| For further information con  | cerning this matter, please ca               | all:  |   |
| Cesar                        | Ososio                                       | at (305) 725 -<br>Area Code Davtime                                 | 7305  |
| Name of P                    | crson  | Area Code Daytimo   | e Telephone Number  |
| Enclosed is a check for the  | following amount:                            |   |   |
| \$25.00 Filing Fee           | □ \$30.00 Filing Fee & Certificate of Status | ☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |

MAILING ADDRESS:

Registration Section

TO:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

### TO ARTICLES OF ORGANIZATION OF

| , To | 7 | į |   | ED  |
|------|---|---|---|-----|
|      |   |   | - | · ( |

|  | Company as it now appears on our imited Liability Company) | 2019 AHC -5 AM 8:                        |
|--|--|--|
| The Articles of Organization for this Limited Liability Cor<br>Florida document number <u>L 19000021778</u>  | npany were filed on <u>011 25</u>                          | 12019 and assigned                       |
| This amendment is submitted to amend the following:  |  |  |
| A. If amending name, enter the new name of the limite  | d liability company here:                                  |  |
| The new name must be distinguishable and contain the words "Limite   | d Liability Company," the designation                      | n "LLC" or the abbreviation "L.L.C."     |
| Enter new principal offices address, if applicable:  |  |  |
| (Principal office address MUST BE A STREET ADDRE   | <u>SS)</u>   |  |
| Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  |  |  |
| B. If amending the registered agent and/or registered agent and/or the new registered office addressed agent and/or registered agent and/or the new registered agent and/or registered agent and/or the new registered agent and/or registered agent and/or the new registered agent and/or registered agent a |  | ecords, <u>enter the name of the n</u> o |
| Name of New Registered Agent:  |  |  |
| New Registered Office Address:   |  |  |
|  | Enter Florida street                                       | address                                  |
| <del></del>  |  | , Florida                                |
| New Begintened Amenth Simple of the main Business of the   | City   | Zip Code                                 |

#### New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

# or removed from our records:

MGR = Manager

AMBR = Authorized Member

| <u>Title</u> | <u>Name</u>     | Address          | Type of Action |
|--------------|-----------------|------------------|----------------|
| MGR          | Rosa E. Andrade | 4474 Weston Road | Add            |
|              |                 | Davie, FL, 33331 | □ Remove       |
|              |                 |                  | Change         |
|              |                 |                  | Add            |
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| <u>lote:</u> If                        | e date, if other than the date of filing:   |
| Note: If<br>locumen<br>e reco          | e date, if other than the date of filing:   |
| Note: If<br>locumen<br>e reco<br>The 9 | the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a t's effective date on the Department of State's records.  If a specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of the day after the record is filed.   |
| Note: If<br>locumen<br>e reco<br>The 9 | the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a t's effective date on the Department of State's records.  If a specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of the day after the record is filed.   |
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| Note: If<br>locumen<br>e reco<br>The 9 | the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed at it's effective date on the Department of State's records.  In specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of the day after the record is filed.  August 01 2019  Signature of a member or authorized representative of a member |
| Note: If<br>locumen<br>e reco<br>The 9 | the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a t's effective date on the Department of State's records.  If a specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of the day after the record is filed.   |

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Filing Fee: \$25.00